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OCT 2 2 2003

Technology Center 2000

RESPONSE UNDER 37 CFR 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 2611

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to VA 22313-1450 on Commissioner for Patents, P.O. Box 1450, Alexandria, October 14, 2003.

Appl No.

: 09/449,887

Confirmation No. 6840

Applicant

: Henry C. Yuen

Filed

: November 30, 1999

Title

: SMART AGENT BASED ON HABIT, STATISTICAL INFERENCE

AND PSYCHO-DEMOGRAPHIC PROFILING

TC/A.U.

: 2611

Examiner

: Vivek Srivastava

Docket No. : 36524/RRT/I148

Customer No.: 23363

AMENDMENT AFTER FINAL ACTION

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068 Pasadena, CA 91109-7068

October 14, 2003

Commissioner:

In response to the Final Office action of August 13, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.



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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 14, 2003.

Christina L. Vann

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Grp./Div.

: 2611

Examiner

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PostOffice Box 7068 Pasadena, CA 91109-7068

October 14, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

		CLAIN	MS AS AME	NDED			
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE	
Total Claims Fee	46	*46	0	0 x \$9.00	0 x \$18.00		
Independent Claims	6	** 6	0	0 x \$43.00	0 x \$86.00	_	
Multiple Dependent Claims ***				\$145.00	\$290.00		
TOTAL FILING FEE							
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"						

LIST INDEPENDENT CLAIMS: 1, 2, 29, 30, 39, and 42.

- * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
- ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
- *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME
- **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"

Attached is our check for \$0 to pay the fees calculated above. A Petition for Extension of Time and the required fee are enclosed.

Amendment Transmittal Letter Application No. 09/449,887

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The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By

Raymond R. Tabandeh Reg. No. 43,945 626/795-9900

RRT/clv

CLV PAS531411.1-*-10/14/03 2:46 PM